

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213519138</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>NEW RIVER VALLEY RECREATION, INCORPORATED</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>SUSAN R. PATTISON</b>  <b>5581 FAIRGROUNDS CIRCLE</b>  <b>DUBLIN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>PULASKI COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2013</b></p> <p>SCC ID NO: <b>00729145</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: P O BOX 595</p> <p style="margin-left: 40px;">CITY/ST/ZIP: NEWBERN, VA 24126</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MALCOLM BOOTHE  TITLE: PRESIDENT  ADDRESS: 4526 LONGVIEW ROAD  CITY/ST/ZIP/CO: PULASKI, VA 24301 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: MALCOLM BOOTHE TITLE: PRESIDENT ADDRESS: 4526 LONGVIEW ROAD CITY/ST/ZIP/CO: PULASKI, VA 24301	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: SUSAN PATTISON TITLE: SECRETARY ADDRESS: 125 MCCONNELL AVE CITY/ST/ZIP/CO: RADFORD, VA 24141	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME:	JANIE KING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	P. O. BOX 1292		
CITY/ST/ZIP/CO:	PULASKI, VA 24313		
NAME:	KENNETH BOWLING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 535		
CITY/ST/ZIP/CO:	DUBLIN, VA 24084		
NAME:	MIKE COX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1232 FARRIS MINES RD		
CITY/ST/ZIP/CO:	ALLISONIA, VA 24347		
NAME:	ANDY CULLIP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6346 COURTNEY LANE		
CITY/ST/ZIP/CO:	DUBLIN, VA 24084		
NAME:	MILLER FARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 488		
CITY/ST/ZIP/CO:	NEWBERN, VA 24126		
NAME:	LAURA FLORY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6486 CLEBURNE BLVD		
CITY/ST/ZIP/CO:	DUBLIN, VA 24084		
NAME:	JANICE CRYSTAL FUNK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 8		
CITY/ST/ZIP/CO:	BARREN SPRINGS, VA 24313		
NAME:	TIM GREGORY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5585 ALUM SPRING RD		
CITY/ST/ZIP/CO:	PULASKI, VA 24301		
NAME:	LARRY JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	902 DUNDEE DR		
CITY/ST/ZIP/CO:	RADFORD, VA 24141		
NAME:	CARL LINDSTROM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6011 COLLIER ST		
CITY/ST/ZIP/CO:	DUBLIN, VA 24084		
NAME:	DEAN PRATT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3198 HONAKER RD		
CITY/ST/ZIP/CO:	DRAPER, VA 24324		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERESA SWEENEY DIRECTOR 3072 RIDGEVIEW RD, NW FLOYD, VA 24091	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIM WOODYARD DIRECTOR 966 FLAT HOLLOW RD PEARISBURG, VA 24134	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JANIE KING	JANIE KING, TREASURER	4/23/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			